



CIVILIAN PERSONNEL FACT SHEET

OUTSTANDING DOD EMPLOYEE WITH A DISABILITY AWARD

(appropriated civilian and foreign national employees)

DESCRIPTION: To honor ten outstanding handicapped Federal employees. The purpose of the awards program is to recognize and publicize the contributions and achievements made by physically and mentally disabled employees with DoD. This program also serves to heighten awareness on the part of the employers of their responsibility as managers to provide employment opportunities to a valuable source of workers. Departments and agencies are encouraged to develop their own awards program to honor outstanding performance and achievements made by their disabled employees. Agencies should not use the award program as their sole mechanism for recognizing their disabled employees. One of the factors in rating for the award is receipt of prior awards and/or other agency recognition. Agency award programs should also lend themselves to the identification of candidates for nomination, through local organizations, for other awards.

ELIGIBILITY: Nominees for this award include appropriated and non-appropriated employees and foreign national employees (paid by the U.S. government).

CRITERIA: The same person should not be submitted two years in succession. Previous winners of this award at the DoD level may not be re-nominated until at least 10 years have passed. In order to be considered, nominee must:

- Demonstrate job performance clearly exceeding requirements in spite of severely limiting physical and/or mental factors.
- Exhibit courage and initiative in overcoming a disability or disabilities.

NOMINATION PROCESS: Nominations are to be processed through 435 MSS/DPCE installation Incentive Awards Committee. One nominee is submitted to USAFE/A1CP. MAJCOM will forward one nomination. Nominations will be reviewed by the Air Force Incentive Awards Board; one nominee will be selected to represent the Air Force in the DoD-level competition.

Submit an **original** and **three** copies of nominations. This information will be forwarded on disk or electronically to 435 MSS/DPCE for processing. All information must be typewritten, single-spaced, with double spacing between each heading. The following information is to be included in the nomination package:

A. IDENTIFICATION

- (1) Full name: first name, middle name (if any), last name
- (2) Date of birth:
- (3) Citizenship:

B. NARRATIVE JUSTIFICATION for award covering job performance and examples of excellence and initiative.

C. DESCRIPTION of the individual's disability, its effects on the individual's life and job performance, and ways in which the disability is accommodated in the workplace.

D. EMPLOYMENT

- (1) Classification of current position (job series, title, and grade)
- (2) Individual's organizational title (if any)
- (3) Employer (organizational unit, division or section, employing activity, and department or agency)
- (4) City and state where employed
- (5) Total years of Federal service
- (6) Length of service with current employing activity and in present position
- (7) Work experience other than Federal employment

E. EDUCATIONAL BACKGROUND (schools attended, fields of study, dates of graduation, degrees awarded, honors).

F. AGENCY RECOGNITION (awards, etc.), if not fully covered in narrative.

G. COMMUNITY SERVICE, if not fully covered in the narrative.

H. COMMUNITY RECOGNITION (professional associations, community organizations, etc.), if not fully covered in the narrative.

I. OTHER BIOGRAPHICAL DATA, e.g., family, hobbies, military service, place of birth, travel, or location of residence.

J. ONE 8X10" GLOSSY PHOTOGRAPH of the nominee at work (should show the individual in the workplace)--head and shoulders portrait is not acceptable. Mark back of photo with nominee's name and installation.

K. A SIGNED RELEASE authorizing use of photograph and information provided for promotion of the awards ceremony and the DoD disability program.

APPROVAL PROCESS:

Installation Level - Submit through chain of command to Wing/CC. Forward to 435 MSS/DPCE for submission to Incentive Awards Committee. Nomination will be forwarded to HQ USAFE/A1CP by 435 MSS/DPCE

MAJCOM Level - Submit through chain of command to Directorate Commander. Nomination will be forwarded to 435 MSS/DPCE for submission to Incentive Awards Committee. Nomination will be forwarded to HQ USAFE/A1CP by 435 MSS/DPCE.

GSU/Associate Units: Submit through chain of command. Forward to 435 MSS/DPCE for submission to Incentive Awards Committee if needed. If not, nomination will be forwarded to your parent command.

Upon approval, provide a copy to 435 MSS/DPCE to update employee's records in the civilian database. Award is also documented in the Employee Performance Folder maintained by the supervisor.

AWARD: Winners will be honored at an appropriate ceremony held each year in Washington DC.

REF: Annual Message from HQ USAF/DPDFC

PRIVACY STATEMENT
for
OUTSTANDING DOD EMPLOYEE WITH A DISABILITY AWARD

I attest to all facts contained in this nomination and give permission for the facts and photograph to be used for publication.

Date

Nominee's Signature

Nominee's Typed Name

**NOMINATION FOR
OUTSTANDING DOD EMPLOYEE WITH A DISABILITY AWARD**

A. IDENTIFICATION:

Full Name: _____
(First, Middle, Last Name)

Date of Birth: _____

Citizenship: _____

B. NARRATIVE JUSTIFICATION: (Covering job performance and examples of excellence and initiative)

C. Description of the individual's disability: _____

Its effects on the individual's life and job performance: _____

Ways in which the disability is accommodated in the workplace: _____

D. EMPLOYMENT:

1. Classification of current position (job series, title, grade) _____

2. Individual's Organizational Title (if any) _____

3. Employer (Organizational Unit, Division or Section, employing activity, and department or agency) _____

4. City and State where Employed: _____

5. Total Years of Federal Service: _____

6. Length of Service with Current Employing Activity and in Present Position : _____

7. Work Experience Other than Federal Employment: _____

E. EDUCATIONAL BACKGROUND: (Schools attended, fields of study, dates of graduation, degrees awarded, honors) _____

F. AGENCY RECOGNITION (Awards, etc., if not fully covered in narrative.)

G. COMMUNITY SERVICE (If not fully covered in narrative.)

H. COMMUNITY RECOGNITION (Professional Associations, community organizations, etc., if not fully covered in narrative.)

I. OTHER BIOGRAPHICAL DATA (family, hobbies, military service, place of birth, travel, or locations of residence.)

J. ONE 8 x 10 GLOSSY PHOTOGRAPH OF THE NOMINEE AT WORK (Should show the individual in the workplace--head and shoulders shot is not acceptable.)

K. PRIVACY STATEMENT (A signed release authorizing use of photograph and information provided for promotion of the awards ceremony and the DoD Disability Program.)